

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	6/20
O.I.P.E. CLASSIFIER	PH		
FORMALITY REVIEW			6/24
RESPONSE FORMALITY REVIEW			
	59573		8-28-00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	6/11/5
Original	5/21/20
1	✓ ✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓ ✓
7	✓ ✓ ✓ ✓ ✓
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12	✓ ✓ ✓ ✓ ✓
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49	✓ ✓ ✓ ✓ ✓
50	✓ ✓ ✓ ✓ ✓

Claim	Date
Final	6/11/5
Original	5/21/20
51	✓ ✓ ✓ ✓ ✓
52	✓ ✓ ✓ ✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

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